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"NEVER TOO LATE TO MEND."

[Communicated for the Boston Medical and Surgical Journal.]

MESSEES. EDITORS,—You doubtless have read the excellent novel of this name. A lady once recommended it to the wife of a medical acquaintance of ours. Said he, looking gently up from Durkee's handsome page, "Do not, I beg you, madam, do that, for my wife sits up till midnight or more, mending my old clothes, and should she read that book it is odds if she come to bed till daylight."

"A novel text for a medical sermon." "It is a novel one; we'll see what sort of an *improvement* we can get out of it."

In my Note Book, I have some cases which might pretty well have been despaired of. Some were. But after all, some of them got well, in spite of both diagnosis and prognosis. Perhaps you may not think them unworthy your fair pages.

Dr. Rush, of whose lectures it was my privilege to attend two whole courses half a century ago, after attending one of which I was admitted to examination, and received my Degree, for which I afterward got an *ad eundem* at another university, and which was the only other Degree which I ever got, and which I believe anybody graduated almost anywhere, may get for \$5.00—Dr. Rush never despaired of a case. With him, literally, "while there was life there was hope." Consumption he believed was to be cured. Its remedy was somewhere, and would be found, he used to say. He prophesied a remedy for pain. A medical friend of his attended a woman in labor, who was dead drunk. She was delivered while in this state. She had no pain, and woke up wholly unconscious of what had happened. The womb went on with its work, while all voluntary work had ceased. Sensation was lost, but not organic power. Dr. Rush's prophecy has been fulfilled in our day, and, most grateful are we, in our own city.

Dr. Isaac Rand, Sen., who died an octogenarian, once said, that he would rather be condemned by the whole College of Physicians of England, than by the twelve judges. The doctors might be mistaken, he would say, with a twinkle in the tail of his light blue eye, but from the criminal assizes there was no escape.

VOL. LXI.—No. 6

I once was attached to a Hospital, and patients were now and then discharged *incurable*. Some of them afterward *got well*. There was a case for memory. It was of a favorite domestic of two maiden ladies—a maid herself—much valued in the then comparatively quite small community in which these ladies lived. She was not young, nor old, technically, as the word applies to women. She entered the Hospital for dropsy, at first ascites, but in due process of time having extensive anasarca superadded. It was a bad case to look at; great sympathy. It was a day of heroic medication. She had elaterium, and was aware of its results. Salvation came in for a fair share in the treatment. But no improvement. "*As yesterday*"—"as before"—*literally*, was the daily record. She passed into my service. I being then a young man, followed suit—taking it for granted that diagnosis was all right, I never, not dared, but never thought of making it a question. She was at length discharged *incurable*—and not long after, the old maid had twins. I believe I have never used the word "*incurable*" since.

But to my Note Book.

Mrs. —, about 30, had her first and only child some years ago, and has never been quite well since. She grew worse about four years ago. Her complaints always referred to the left iliac and pelvic regions. She took various advice, always describing her symptoms distinctly, for they were persistent, and very distressing. The last physician she consulted said her womb was diseased, and applied caustic to the os uteri. She told him of the pain and soreness about and above the left groin, but he made no examination there. Mrs. — called on me about a fortnight after she consulted Dr. —. This was the beginning of this year.

I found Mrs. — emaciated, weak, dispirited, and withal suffering much. No disease of the os uteri was detected. A firm flattened tumor was felt between the womb and the left sacro-iliac region. Its lower edge was semi-lunar in outline, hard, very sensitive, the least pressure or touch giving severe pain. It was clearly a portion of the uterine appendages, much compressed between the womb and side of the pelvis referred to. In the iliac region was a large tumor, coming up from inside the brim, and immovable. This was as tender on pressure and as acutely painful as was what seemed its extension into the pelvic cavity down from the brim. Dysuria and obstinate costiveness made very annoying complications of this case.

The disease was evidently on the increase. The iliac tumor grew. It was irregular of surface, nodulated, hard, increasing in pain and tenderness. The skin, as at first, did not all adhere to it. Whatever changes, there was no tendency to the surface—no pointing, no redness, no tenderness of integument. Then dysuria increased—daily chills, heat, and sweat. This last was so profuse as to make the nights wretched. The pulse grew rapid, small;

emaciation more and more pronounced. One day the catheter was used. Some ill-looking urine was drawn, and a clear puff of wind came through the catheter, with pus. Here was light. The abscess, of whatever organ, the existence of which the chills, &c., had so strongly declared, was opened into the bladder. From this day the urine was loaded with pus. It was daily kept in a translucent glass bottle, and the quantity of the pus daily seen. Some relief followed soon, and which constantly was more declared. The iliac tumor grew smaller, but the compressed portion of it in the pelvis did not for some weeks change. At length it grew smaller, and at last, with its iliac and abdominal extension, entirely disappeared, and now, the middle of July, 1859, not the least vestige of either remains.

So deeply and so long had disease existed in this case, that convalescence has been very slow, and recently much trouble has been felt in the *right* iliac. So tender has it been, that Mrs. — has been sure that another tumor was forming there. But nothing of the kind exists, and she has just returned from a fortnight's stay in the country, in better health than for years. Her appetite and digestion are good. The bowels and bladder are well. The period is regular and easy. She is doubtless getting well.

Here was a case of years' standing, and for the cure of which much had been done, and, as the patient said, had cost much money, and nothing of good to show. When it came under my care, it was to be *cured* indeed, but in a literal sense of that much abused word—namely, *taken care of*. The indication was simple, and as clear as day—namely, to make the patient as comfortable as possible, and to sustain her so far as this might be done. Her recovery was necessarily to be through a slow but constant process of waste. The indication was not to interfere with the process any farther than to supply its means, knowing surely that repairs or Mending would come when it was needed. And it did come.

What, or where, was the seat of this disease? In the broad ligament. Its pelvic manifestation pointed clearly to that uterine appendage as its seat. Would not its irregular surface point to the ovary? As far as I have been able to examine enlargement of this, its surface has been smooth, uniform. I can understand how the successive process of inflammation through different portions of the ligament might produce irregularity of outline. We know that a diseased or inflamed ovary grows rapidly, whether vesicular or solid, so that in two or three months one has come to fill the whole cavity of the abdomen. There is much obscurity of pathology in the diseases of the organs referred to.

CASE I.—*Ovarian Disease*. Miss —, about 30, of M., had observed herself to be increasing in size for some time, and at length so striking was this, and as suffering attended, a physician was called in. He discovered a large, solid tumor uniformly oc-

cupping much of the lower part of the abdominal cavity. The tumor increasing rapidly, the patient came to Boston and consulted me. I learned, in addition to the above, that dysmenorrhœa had occurred recently, and was on the increase. In the course of the disease, this became a leading and exceedingly distressing accompaniment.

Examination and the history of the case showed it to be an ovarian tumor, and the largest *solid* one which had come under my observation and care. Its pelvic extension was not so striking as in the preceding case—did not so completely fill the pelvis. But it was enough to produce, monthly, great suffering. The treatment was the same as in that case. The tincture of iodine was applied by a soft paint-brush over the whole external tumor. When the skin was encrusted by it, it was washed off with alcohol. If sore, the tincture was omitted for a while.

This lady was of good mind, and large culture. She understood exactly what her case was, and its tendencies, and was faithful to medication. The tincture was thoroughly tried. And as to the liq. calc. mur., I have never known it more liberally taken. Its use was begun with the average dose, and was to be gradually increased as the stomach would bear. Miss ——'s residence was far from mine, and months would pass without a visit to me. I asked accidentally, one day, what quantity of the liquor she had reached. Nearly 400 drops, three times a day, was the reply. Not the least trouble was experienced.

The tumor seemed at length to have reached its *acme*. It could no farther go—at least, this seemed the case. A very sudden and very important change occurred. During a menstrual period of unparalleled severity, the tumor left the pelvis as by a bound, and from that moment dysmenorrhœa ceased. Examination showed the pelvis to be quite clear. There was no trouble produced elsewhere. Respiration remained as easy as it always had been, and free exercise gave no annoyance.

I have not seen Miss —— for a long time. She left home, and went to Pennsylvania, where she became a teacher in a large institution for the education of young ladies. I have had letters from her, and in one was a request that I would name to her some physician who had experience of cases like hers, and who had attempted its radical cure. I named one, but have not heard from her since.

I would add, in conclusion, that the general health, flesh, color, cheerfulness, and strength, remained as perfect when Miss —— last called on me, as at her first visit; the menstrual function being as regular and as painless as it ever is.

CASE II.—*Ovarian Disease*. Miss ——, over 30, was seized with a very severe colic, with retention of urine, and desired my attendance. On reaching the address, I found her in an agony of suffering referred to the bowels and bladder. A large tumor oc-

cupied the lower half, and more, of the abdomen. It was protuberant, extending laterally as well as elsewhere. It was hard, solid, without fluctuation, or tenderness—entire ignorance of when it began, though remembered a long time back. Often has had attacks of pain, but none so severe as this—pains distinctly intermittent, and with the state of the abdomen not unlike to labor. Dysuria a common accompaniment of abdominal suffering. On attempting to introduce a catheter, a tumor was felt to fill the pelvis, not partially, but entirely. It was impossible to pass between it and the vagina, or pelvis, anywhere. Menstruation was reported regular, but how its products got by the obstructing mass, was unaccountable. Great relief followed the catheter, and opiates stilled the colic. A case was remembered which was the exact counterpart of this. It was in the Hospital, in an old lady who died worn out with the abdominal and vesical suffering, and especially by the want of nutrition which attended the difficulty of retaining or digesting food. Examination after death showed an ovarian tumor occupying much of the abdomen and the whole pelvis.

There was a fact in Miss ——'s case which, though not strictly professional, became of importance from what made professional attendance necessary. Miss —— was engaged to be married, and to a clergyman. Some years before, I was consulted in a precisely parallel case, so far as the disease was concerned, but the lady was married, and to a clergyman. Said the late Dr. —— to me—who consulted me in this case—"if this lady had been married according to the ritual of my church, and had such an *impediment* as this been known to exist, the bans would have been forbidden."

Miss —— was at length relieved of the paroxysm of her disease, and treatment was begun, with a view either to arrest or remove the disease. During this, her intended marriage was alluded to, and the nature and tendency of her disease fully and frankly stated, leaving it with her to determine what she should do. The engagement was broken off.

The treatment employed was the internal and external use of iodine, with occasional substitutes of the liquor calcis muriatis for the internal use of iodine. This treatment was continued, under my care, for months and for years. Its first noticed effect was the arrest of growth. This was ascertained by careful admeasurements of the abdomen. The next, and most important change, was reduction in size, both in the abdominal tumor and in its prolongation into the pelvis. When once begun, the diminution rapidly increased, until the whole great mass disappeared. I examined Miss ——, and ascertained this fact. I did the same more than once afterward, and at long intervals, and found no return of the tumor, her health being excellent. She still lives, in a distant State, but I am quite sure I should hear if any return of her old disease had occurred.

[To be concluded.]

PROTOXIDE OF IRON.

[Communicated for the Boston Medical and Surgical Journal.]

A FEW years ago, a syrup appeared in the market, prepared according to a secret formula, and the medicinal value of the preparation was certified to by many physicians, clergymen and gentlemen of repute. This empirical remedy purported to be a "Solution of Protoxide of Iron," but the proprietor apparently being aware that this name alone might be called unscientific, very shrewdly added the word "combined." Thus, while the idea might be conveyed that by some new process free protoxide of iron had been obtained, the word "combined" would, in case of necessity, leave a loophole for retreat. I have no means of knowing what success has attended the sale of this article, but conclude that the trade in protoxide of iron is worth catering for, from having noticed preparations bearing the name "Protoxide of Iron," made by other parties.

However objectionable a name or label may be, so long as it is confined to secret preparations little notice thereof need be taken; but when it becomes a matter of discussion, and is adopted by chemical manufacturers, it is well to examine into its truth.

Our officinal preparations having protoxide of iron as a base are few, but they are of value. Dr. Bache says, that "the preparations of iron containing the protoxide are most esteemed," and this fact seems to have been seized upon to win favor for these syrups of so-called protoxide of iron. It seems to me that when emanating from a chemical laboratory, every preparation should bear its true name, and that in this case the labels should be "prototartrate," or "protoacetate," or "proto-citrate of iron, whichever the case may be. The fact of its being a protosalt is sufficient to draw attention to the article, without conveying the impression that free protoxide of iron is present, which does not appear to me to be true.

I object, then, to the name of protoxide of iron. First, because it appears to me calculated to give a false impression concerning the chemical condition of the article. He who can isolate protoxide of iron will achieve what has never yet been accomplished. F_2O is only known as the base of certain combinations of iron, and in chemical preparations it always exists in combination. Free protoxide of iron does not exist in any medicinal preparation, either officinal or empirical. The nearest approach to it has always seemed to me to be in Vallet's ferruginous pills, where the carbonate of the protoxide is administered in substance.

Second, This name is calculated to endorse the merits of an empirical remedy, and seems to give credit to the manufacturers thereof for some scientific improvement, when really no such improvement in science exists. It looks like trying to profit from

outside humbugs, and the copy seems to me less shrewd than the original.

The only formula that I have seen for making a syrup containing a protosalt of iron, is one recently published in your JOURNAL. It is this: protocarbonate of iron is precipitated from a solution of copperas by carbonate of soda. It is then dissolved in dilute acetic acid to saturation, and formed into a syrup.

The first part of this process is similar to the one devised in France more than twenty years ago, which will be found in the United States Dispensatory, pages 1116, 1117, where the chemical history of the protocarbonate is fully given, and where it will be found that it is freely soluble in acids.

It seems to me that if a syrup of protoacetate of iron is found to be of value, an easier, surer and cheaper process would be this: simply dissolve iron filings, by the aid of heat, in acetic acid to saturation. The resulting solution contains protoacetate of iron, which may be diluted, and sugar may be added at pleasure.

To conclude, I really do not see any great difference, in a medicinal point of view, between a protocitrate and a protoacetate of iron. If any preference were to be given, my own feelings would rather point to the former, not because it is more expensive to manufacture, but because I have always fancied citrates. The acid is grateful to the stomach, and its combinations seem clear; they do not color or stain, as do many other preparations. H.

SPONTANEOUS EXPULSION OF A FIBROUS POLYPUS—DEATH
FROM PERITONITIS.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY K. OLIVER, M.D.

On Monday, May 9th last, I was called to see an Irishwoman, æt. about 35, single, occupying a small, damp room on the ground floor, at the West End. She was in bed, very uneasy, and at intervals complaining of abdominal pain. Upon examination, I discovered a large tumor in the hypogastric region, about which very little information could be gained from the patient. She insisted, however, that she had passed no water since the 6th inst., attributing the stoppage to exposure while washing floors, a day or two previous to that date; she added that a similar retention had occurred about a year before, when she was relieved by the aid of a catheter. Upon this, I procured a catheter without delay, but to my surprise obtained only an ounce or two of clear, healthy-looking urine. On a more careful examination, the following appearances presented themselves. A hard, round, non-fluctuating tumor occupied the hypogastric region, as above stated. Its size was that of a uterus gravid at from six to seven months. Upon ap-

plying the ear over its surface, a murmur, exactly resembling the placental murmur, was heard. This was found to be most intense on the right side. A movement like uterine contraction could also be distinctly perceived. These symptoms naturally suggested a search for the foetal heart, which was, however, unsuccessful. On examination *per vaginam*, a hard, smooth tumor was discovered lying in this passage, reaching to within one and a half inches of the external orifice, and around which the finger could not be passed without causing considerable pain. In addition, œdema of the feet and limbs was noticed. It being utterly impossible to get any satisfactory history of the case from the patient herself, I called upon Dr. J. F. Harlow, who, she said, had previously relieved her by the use of the catheter. Dr. H. informed me that about a year before he was called to this woman, and supposed her, at first, to be in labor; on examination, however, he discovered a tumor in the vagina, and convinced himself that it was a fibrous polypus. It then appeared to be within two inches of the external orifice. Upon suggesting that some time or other the tumor might have to be removed, the patient speedily changed her residence and was lost sight of.

To return to the record. Catheterism was performed again the same night. Morphine had already been prescribed, in one-eighth grain doses, *pre re natâ*. This course was pursued, the patient being seen twice daily, up to Saturday, the 14th. The tumor in the vagina was gradually being expelled, and, as was frequently observed, by contractions of the uterus, recurring every five or ten minutes, and accompanied by much pain. The pulse was accelerated. Sleep was obtained only while under the influence of the opiate. On the day last mentioned, the 14th, the tumor, heart-shaped, measuring $14\frac{1}{2}$ inches in its greatest circumference, and $7\frac{1}{2}$ inches in length, had entirely passed the vulva, and was lying between the thighs. Its pedicle appeared to be about two inches in diameter. As far as could be reached by the finger, the lips of the uterus could not be satisfactorily made out. As the tumor had progressed, the enlargement of the abdomen had diminished, and at its expulsion the uterus appeared to the touch like one six months gravid. The murmur, above referred to, had almost wholly disappeared; what remained was of a different character, sharper, less *blowing*. On the same evening the abdomen was tympanitic. Chills were reported as having occurred during the day. The patient herself insisted that she had also had one or two the day previous. No pain of abdomen, even on pressure, was complained of, except on the left side. Pulse quicker, tongue more coated. The external tumor was complained of as being offensive. It was found indeed to be already considerably advanced in decomposition. The labia were raw and œdematous. On the following morning, the 15th, these symptoms were still more urgent, and it was therefore determined, after consultation with Drs. Harlow and C.

G. Page, both of whom had seen the patient with me several times, to remove the tumor at once. Up to this time, no great amount of torsion or traction had been employed, for fear of exciting inflammation. The removal was effected after passing a double ligature through the pedicle just above the base of the tumor, and tying on either side. After removal, it was found to weigh two pounds, eleven ounces, with the measurements as above. Decomposition was more advanced than was at first supposed. The same evening, the pedicle had not retracted. The symptoms remained the same. Passes water now voluntarily.

On 16th, all symptoms increased. In addition, vomiting of greenish fluid. Pulse 114, small. Swelling of abdomen increased. No tenderness complained of, except in left iliac region, and that slight. The pedicle retracted within the vagina. A portion was found to be sloughy, and was removed with the hand. Its size was double that of the fist. Injections into the vagina of warm water and powdered charcoal were employed, and simple cerate on linen placed between the labia.

On 17th, symptoms still more aggravated. Great uneasiness and groaning. Frequent chills. Great thirst, and constant vomiting. Tongue dry, with thick, dark, almost black, coat. Pulse 113, sharp. Still no great pain of abdomen, which is enormously distended, and that only as before described, on left side. Ordered brandy and carbonate of ammonia.

18th, A.M.—Failing rapidly. No pulse at wrist. Can keep nothing down. At evening visit, at six o'clock, she was dead. Consciousness reported as being retained nearly up to time of death, which occurred at five.

An examination of the body, made the following morning, revealed a most extensive peritonitis. The cavity of the peritoneum contained a great quantity of pus and flakes of lymph. The intestines were glued together, and to the abdominal walls. On the fundus of the uterus, which was about the size of a uterus five months pregnant, was a spot about three inches in diameter, from which, judging from its rough, ulcerated look, the peritoneal inflammation seemed to have started. The uterus, with the vagina and bladder, were removed and examined. The walls of the bladder were very much thickened; the mucous membrane of the urethra much injected. A fibrous tumor occupied the posterior and superior portion of the uterus, from the inner surface of which hung the sloughy pedicle of the expelled polypus. The anterior wall of the uterus, which was quite regular in shape, was not complicated. The ovaries and Fallopian tubes were bound down closely to the sides of the tumor. The whole mass weighed, after being immersed two weeks in rum, $4\frac{1}{2}$ pounds; add the expelled tumor and the pedicle removed by the hand on the 16th, and the original weight of the whole must have been about $7\frac{1}{2}$ pounds,

The reading of this case elicited the following remarks from members of the Society, which I copy from the Records, by permission of its Secretary, Dr. Robert Ware.

Dr. PAGE thought that the absence of tenderness, and even of abdominal pain, to any severe extent, in a case of such extensive inflammation, was quite curious. The tympanitis was the only symptom of peritonitis which was present to any marked extent.

Dr. CLARKE remarked that pain was less apt to be a prominent symptom where the peritoneal inflammation was very extensive and intense in its character, than when it was more limited. It seemed as if the nervous system was so overwhelmed by the intensity of the inflammation, that it was incapable of appreciating the injury afflicted—it seemed to sink under the shock of the attack. He referred to cases of what has been called latent peritonitis, where the inflammation, as shown by *post-mortem* examination, has been very extensive, but has not caused sufficient pain to excite suspicion of the disease. Tympanitis, also, is by no means a marked symptom in these cases; moreover, as it occurs with other abdominal affections, as enteritis, it is not of especial importance as a diagnostic sign.

Dr. WHITE mentioned a case of very extensive peritonitis occurring at the Hospital, in which there was no complaint of pain during life.

Dr. HODGES said he had heard Dr. Jackson remark that pain upon pressure was frequently absent in cases of puerperal peritonitis. He asked Dr. Oliver how thick the walls of the uterus were when laid open. Dr. O. said that they were about half an inch thick in front. In answer to farther questions, he stated that the point of departure of the peritoneal inflammation did not correspond with the point of attachment of the polypus, and that there was no laceration of the os uteri, which seemed, at its posterior aspect, to have become merged in the tumor, so that it could not be distinguished.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 13th.—*Abdominal Tumor, simulating Extra-uterine Gestation.* Case reported by Dr. JACKSON.

The patient, a healthy and intelligent, married, Irish woman, aged 40, entered the Hospital under Dr. J.'s care, on the 7th of June, and remained there about two weeks. Nine years previously, and two years after the birth of her last child, she took cold whilst menstruating; the flow ceased at once, and there never had been any threatening of it from that time, although there had been some vaginal discharge. Eighteen months before admission, she first noticed a tumor in the left side of the abdomen, about the size of a tea-cup; and this

was followed by such symptoms as to lead her to think that she was undoubtedly pregnant. She had had seven children, and knew well the symptoms of pregnancy. There was:—first, nausea and vomiting for the first three months, on rising from her bed in the morning, and never afterward; secondly, swelling of the breasts, with pain, for about a year; thirdly, sense of motion in the tumor three months after its appearance, continuing until the last six months, and resembling precisely the foetal movements; fourthly, appetite diminished and bowels costive, as usual in her former pregnancies. There never had been any urinary symptoms. Three months before admission, there came on a pain between the tumor and the groin, sharp, fixed, and increased on pressure, with a sense of weight; and one month later, a pain in the lumbar region. For these pains she entered the Hospital; being otherwise about as well as usual.

The tumor, which had been increasing in size almost until the time of her admission, was of an elongated form, occupied the greater part of the left side of the abdomen, and extended nearly or quite to the hypochondrium; it was flat on percussion, and solid to the feel as a fibrous tumor; the form was regular, except at the upper part, where there was a slight addition to it, and it was quite defined on the right side, and more or less otherwise, except toward the groin; somewhat movable and tender on pressure. On examination per vaginam, nothing unusual was found; the tumor not being felt.

Dr. J. remarked that the symptoms of pregnancy will sometimes be excited by uterine or ovarian tumors, but he had never heard of a case in which they had been so marked as they are now reported. He was inclined to regard it as a case of fibrous tumor of the uterus, though he did not feel at all sure that there was not extra-uterine gestation. If this last existed, it dated probably within the last two years, and the amenorrhœa for seven years would have to be accounted for. If a fibrous tumor had been forming for several years, and increasing in size the last eighteen months, Dr. J. said that he should have expected a tendency to menorrhagia rather than amenorrhœa, from what he had generally observed in such cases; amenorrhœa he had found to occur in ovarian disease, sooner or later, as a general rule, but the tumor in this case was far more dense than it would be in any ovarian tumor that would be likely to exist. Whatever may be the explanation of the case, it was remarkable that the health continued unimpaired for the seven and a half years that preceded the appearance of the tumor.

JUNE 13th.—*Rachitis.* Dr. C. D. HOMANS showed the humerus of a female child, who died with this disease, aged 10½ years.

At birth, she was large and apparently healthy, but during infancy never was perfectly well, being subject to colicky pains and irregularity of the bowels. When 16 months old, her right elbow enlarged, and at one time was thought to be dislocated. Soon after, she was attacked with inflammation of the eyes, which resulted, after six or eight months, in total loss of sight. At two years old, her ankle joints enlarged, but she was able to walk till she was four, when her knees became swollen, and the legs—first the right, then the left—were gradually drawn up, upon the abdomen. Since that time, for over six years, she has lain upon her left side on the bed or in a cradle. Her arms also became distorted, and the hands bent backward, the left first.

During this long confinement she was generally cheerful and happy. Her intellect was rather precocious. She composed some verses for Sunday School children, which were published by the kindness of some of her friends. Her family are none of them very robust. There was at times intense pain. She gradually lost the power of moving her limbs, till at last she could only use the left hand and arm to handle light articles. She had slight spasms for a whole day at times. Since the age of four years, her jaw has been nearly immovable, so as to admit only minute quantities of food at a time. She was very sensitive to heat, and generally wished to be very lightly covered. During the last month of her life she suffered much from difficulty of respiration.

Autopsy.—The spine was found to be very much curved laterally; convexity toward the right. All the joints of the body, so far as examined, seemed large, this being due to an enlargement of the ends of the bones. The shafts of the long bones were very thin, and the ends greatly enlarged.

The organs generally were healthy. No tubercles anywhere. The lungs had a rather leathery feel, but contained air every where. The bronchi were somewhat red, and filled with frothy mucus. The right kidney contained a number of small calculi in the pelvis, and was fatty. The ovaries contained several small cysts. The muscles generally were in a state of fatty degeneration.

Aug. 8th.—*Cast from a Malformed Leg.* Dr. LYMAN showed a cast from a malformed leg, taken from a woman aged 35. The cast represents, in addition to a remarkable curve of the fibula, two well-formed supernumerary toes upon the inner side of the great toe. No hereditary tendency to malformation. The patient has had ten children, all perfect, with the exception of one who had strabismus. She states that at birth the lower extremities were of equal length, but now the measurements are as follows:—The femora measure alike. The sound leg measures, from the bottom of the patella to bottom of heel, 18 inches; the same measurement of the deformed leg gives but 7 inches. The tibia is apparently straight, though from the development of fat it is traced with difficulty, but the fibula can be traced throughout its nearly semi-circular course, and measures between 14 and 15 inches.

In connection with this case, Dr. Lyman exhibited the bones of a leg which he amputated in 1858, with the following history.

E. K., aged 23, at three years of age met with a simple fracture of the tibia, which appears never to have united. Five months after the accident, she could not bear her weight upon the limb; then meeting with a fall, had a compound fracture (or rupture of the ligamentous union), the bones protruding, with some hæmorrhage, and subsequent exfoliation of a piece of bone one inch in length. After healing of the wound, she was able to use the leg for careful locomotion until twenty years of age, when the curve in the fibula rapidly increased, the ligamentous union gave way, and the limb being useless was removed by lateral flaps at the seat of the original fracture. In this case, the tibia has developed but slightly, if at all, since the original accident, while the curved fibula has increased correspondingly in size and density to supply its place. The curve in both these cases is due, of course, to the absence of tibial support for the superincumbent pressure.

JUNE 27th.—*Ossification of the Crystalline Lens.*—Specimen presented for the Cabinet by Dr. WILLIAMS. It was of an opaque white color, spherical, and about the size of a small pea. It was found in an eye which had been removed for disorganization. Dr. W. remarked that he had not before met with a similar case.

Dr. JACKSON exhibited a similar specimen, from the Society's Cabinet (No. 394), a history of which is in the Catalogue.

MAY 23d.—Dr. COALE exhibited a "rubbing" from the coffin plate of John Hunter, taken when the body was lately disinterred. He stated that Hunter was originally buried in the crypt of the Church of St. Martins in the Fields. Nothing had been placed to mark the precise spot of the interment. The Royal College of Surgeons took upon themselves to give to their distinguished brother a more noted and fit burial place, and obtained permission to remove the body to Westminster Abbey. The first thing was to find it, which was done by the persevering efforts of Mr. Buckland, surgeon in the army, and son of the late Dean Buckland, the geologist. The coffin was found in good condition and marked by the plate, a copy of which is now exhibited, made by laying a piece of thin paper on it and rubbing it with a lump of black lead. The plate is 12 inches wide by 15½ inches long. At the top it bears an escutcheon charged with Hunter's arms and surrounded by very graceful foliated scroll work. The inscription is—

JOHN HUNTER,
ESQ.
DIED 16TH OCT^R,
1793.
AGED 64 YEARS.

The re-interment in Westminster Abbey was made on the 28th of March, 1859, and was marked by the most graceful and fitting honors, betokening the high respect for the memory of the deceased and appreciation of his great talents, not only by those of his own profession, but many other literary and scientific men of distinction. Dr. C. rehearsed the immediate circumstances of Hunter's death, which were somewhat characteristic of the man. Two Scotch students had applied for admission to Guy's Hospital, to receive its benefits in their medical education. Some disabilities of his countrymen then existed by the laws of that institution, and Hunter, as one of the surgeons, attended the meeting of the trustees, to defend their cause and advance their claims. His remarks were answered very rudely and insultingly by one of those present. Hunter put a violent control upon himself, and without responding, walked into the next room, it was supposed for the purpose of regaining his composure. A fall was heard, and he was found stretched insensible on the floor a few feet from the door. Thus his last moments were marked by a generous interest in his fellow countrymen, and an effort to have them released from unjust disabilities, and more immediately by a calm sense of his own dignity, and a noble and Christian forbearance to retaliate under intended insult.

The new grave of Hunter was made directly alongside that of Ben Jonson, whose coffin was accidentally opened and skull exposed. This latter was reverently handed around to those present, and again

deposited in the coffin. Some of the hair fell off, of which Dr. C. exhibited a portion. Both of these relics were the property of Mr. Charles P. Greenough, who has since kindly presented the rubbing from Hunter's coffin to the Society.

Bibliographical Notices.

Treatise on the Immediate Cause and the Specific Treatment of Pulmonary Phthisis and Tubercular Diseases. By J. FRANCIS CHURCHILL, D.M.P., &c. Translated from the French, by a Physician. New York: J. Winchester. 8vo. Pp. 111.

LIKE all other specific remedies for the treatment of tubercular consumption, the hypophosphates, first introduced to the profession by Dr. Churchill, of Paris, have been found to be overrated. Still they are doubtless not without some value, and their success has been such in Dr. Churchill's hands as to warrant their further trial. The Treatise before us consists of the author's memoir presented to the French Academy of Medicine, with additions, a history of his investigations and experiments, and an appendix. The preparations recommended are the hypophosphates of lime and of soda, in the dose of ten grains, and increased gradually to twenty or thirty grains, taken once daily. Every ten or fifteen days the medicine is suspended for a day or two, and then recommenced. For sale in Boston by A. Williams & Co.

The Pathology and Treatment of some of the Diseases incident to Women. By CHARLES F. TAYLOR, M.D. [From the American Medical Monthly.] 8vo. Pp. 16.

THE object of the writer is two-fold:—1st, he wishes to establish that a large proportion of uterine maladies, such as prolapsus, versions, hypertrophies, induration, ulceration, irregular menstruation, &c., are local symptoms of a constitutional condition, and are to be cured by treatment addressed to the constitution at large; 2d, that the treatment best adapted to this purpose consists in making muscular contractions.

We heartily agree with him that very many cases of functional uterine disease, even when accompanied by local lesions, are the result of a constitutional, rather than a local, derangement, and that it is to the former as well as the latter, and often to the exclusion of the latter, that the treatment is to be addressed. Dr. Taylor points out clearly the evils which follow the present system of education in females; the over-stimulation of the intellect, and the almost total neglect of proper physical exercise. The evil is a very great one, and its existence cannot be too often urged upon the attention of the thinking portion of the community. It is but justice to the author to say that he does not wholly eschew local treatment, but he would greatly limit its employment, as calculated to do much harm, both morally and physically, when not absolutely required.

With regard to the means employed by Dr. Taylor to overcome the constitutional debility on which these effects are supposed to depend, we are not sufficiently informed, in the pamphlet before us, to enable us to judge of their value. As far as we can understand it, his system appears to consist in passive movements of the limbs, the patient

often lying down during the exercise. We may cite one example of this mode of treatment, in amenorrhœa, which is so simple that any one can try it, and which, if generally successful, will be a blessing to the female sex; if the patient "be seated in an easy-chair, and the mass of muscles inside of the thighs, the adductors of the leg, be made to act powerfully, by slowly drawing the knees apart against the firm resistance of the patient, an actual congestion of the parts adjacent to the uterus can be produced, and menstruation will speedily be established. I have now in my mind several cases of suppression, continuing from three to six months, being re-established in less than a week by persistence in a similar course." We doubt not this system of passive motion may often be serviceable, but it must always, we opine, hold a subordinate rank in the general treatment by which we endeavor to restore the tone to a debilitated system. No two cases require to be treated alike; in some instances cold bathing, in others active exercise, in others change of climate, in others mineral waters, and in some, tonic medicines, constitute the most important part of the treatment. Often many of these means must be combined, and in not a few cases, unfortunately, the damage done to the constitution is so great, that the best directed efforts fail to restore it. Even these apparently hopeless cases, however, sometimes ultimately get well, after all special treatment has been abandoned, apparently from the inherent recuperative powers of the system, slowly working for a great length of time. One thing is certain, that a great amount of the ill health of females may be *prevented* by proper attention in early life, and when this is better understood, we shall have fewer of these discouraging cases to treat.

A Case of Talipes Varus. By BUCKMINSTER BROWN, M.D. Boston.

THE account of this case was read some time since before the Boston Society for Medical Improvement, and the patient was exhibited at the same time. We do not know that anything we could say, would so vividly set before our readers the amount of good done in this instance, as a mere glance at the wood cuts will, which illustrate the deformity and its cure.

The case is very simply and modestly stated by Dr. Brown, and mainly by extracts from a letter received from the mother of the patient, and by the representations we have referred to. The two pages and a quarter of our issue for July 28th, 1859, which are thus occupied, are, however, as eloquent as volumes could be. That so perfect a cure should be effected in so short a time, testifies at once to the skill and fidelity of the surgeon. And let it be remembered that satisfactory results in orthopædic surgery spring not so much from merely skilful and efficient tenotomy, as from that long, patient, and unremitting *after-treatment*, for lack of which very large numbers are not only not benefited, but often are made worse than before.

We commend the above case, and other reports of a similar nature by the Doctors Brown, to the careful examination of our readers; and we do not wonder at the strong expressions of gratitude from the parents of the child referred to, in view of the perfect restoration of feet so exceedingly misshapen. In a letter from the patient's mother to Dr. Brown—and of a portion of which we requested a copy—she says:—"When I look at my son's feet, I can hardly believe that he

is the same little fellow that I placed under your care seven months since. Our friends think it almost a miraculous cure."

We have lately seen several similar and very interesting cases now under Dr. Brown's care, reports of which will doubtless be shortly published.

A History of the Discovery of the Circulation of the Blood. By P. FLOURENS, Perpetual Secretary to the Academy of Sciences (Institute of France), &c. Translated from the French by J. C. REEVE, M.D. Cincinnati: Rickey, Mallory & Co. 1859. 12mo. Pp. 178.

It may seem strange that a fact so easily demonstrated and so universally known, at the present time, as the circulation of the blood, should not only have been completely ignored for a long time by the scientific world, but that its discovery should have been made gradually, and by the investigations and experiments of successive anatomists, until their results were united, and the great fact unanswerably demonstrated by Harvey, in 1619. It is the object of this work to show the successive steps in this discovery, and how it was delayed by the imperfect state of physiology, and by the paralyzing effect of the authority of a few great names on the progress of experimental science. The book is full of interest and instruction. The translation is extremely well executed, and the profession and the public are much indebted to Dr. Reeve for it.

A Memoir on the Treatment of Epidemic Cholera; Read before the Members of the French Academy of Sciences; with their Report thereon. By JOSEPH AYRE, M.D., &c. &c. London: J. Churchill. 8vo. Pp. 44.

This pamphlet contains an exposition of the author's method of treating cholera, which, to judge from the statistics given, and from the testimony of many physicians who have employed it, appears to have been eminently successful. "It consists during the stage of collapse in giving *one or two grains of calomel every five or ten minutes*, with one or two drops of laudanum with the first three or four doses of the drug, and *perseveringly continuing the same dose at the same intervals of time until the symptoms of collapse become virtually subdued.*"

The Progress and Spirit of Medical Science. An Anniversary Discourse before the N. York Academy of Medicine, November, 1858. By E. R. PEASLEE, M.D.

THIS discourse was received a number of months since, and would have been noticed long ago, had it not borne the name of Dr. Peaslee. We did not feel inclined to dismiss it as summarily as we do the bulk of that large crop of autumnal literature, which, like the really indispensable cereals, is too abundant for anything but storage. The part devoted to the "progress of medical science" is mostly historical, and so concise that it could hardly be abridged with advantage. With regard to the ideas advanced in the portion which treats of the "spirit of medical science," it is enough to say that they are such as we should expect from one who honors science and pursues it in spirit and in truth.

C. E.

The Action of Medicines in the System ; or " the Mode in which Therapeutic Agents introduced into the Stomach produce their peculiar effects on the Animal Economy." Being the Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal for MDCCCLII. By FREDERICK WILLIAM HEADLAND, M.D., &c. Third Edition, revised and enlarged. Philadelphia : Lindsay and Blakiston. 1859. 8vo. Pp. 463.

THE appearance of a third edition shows the high estimate which the profession places on this valuable work. The volume is handsomely printed, and we recommend it as one of great importance to every practitioner of medicine.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 8, 1859.

EARLY PHYSICIANS OF NEWPORT, R. I.—From a speech of Dr. Usher Parsons, delivered at the celebration of the Sons and Daughters of Newport, we gather some interesting particulars concerning the early history of the profession in Rhode Island, which we give in nearly his own words.

It appears that the founder of Newport was Dr. John Clarke, a physician and divine, who united with Roger Williams in obtaining from Charles II. a charter that conferred greater civil and religious privileges than had been conferred on any other province, and which continued in force until the adoption of the present constitution, in 1842. He died in 1676, at the age of 68. In 1641, Dr. Jeffries commenced practice, and was followed by Drs. Cranston, the three Rodmans, Ayrault, Vigneron and Robinson. Dr. Vigneron came from France about 1690, and died in 1764, at the age of 95 years. He was a highly educated and a popular practitioner. His son succeeded to his practice, and the two together extended their professional career to nearly a century. Contemporary with Vigneron was Dr. John Brett, from Germany, a man of good learning, and the friend and associate of Redwood, whom he assisted in establishing the library which shed such lustre on the fame of its founders.

About the year 1750, quite a number of eminent physicians arrived at Newport, who with Brett and Vigneron made the medical talent of the Island equal, if not superior, to that of any other place in America. There were Drs. William Hunter and Thomas Moffatt, from the University of Edinburgh, and soon after came Drs. Haliburton and Oliphant. Dr. Hunter was the first physician who gave medical lectures in America. They were delivered in 1754 and the two succeeding years, and drew many pupils from Massachusetts. He marched to Canada with the Provincial troops as Surgeon, in the French War. He had the largest medical library in New England, a portion of which was given by his son, the late Hon. William Hunter, to Brown University. He died in 1777, aged 48 years.

Dr. Thomas Moffatt was best known by his tory principles, and his endeavors to enforce the Stamp Act, which incensed the public mind

to a degree that caused the sacking of his house and the destruction of its contents. He educated many pupils, among whom were Doctors Danforth, the medical Hercules of Boston, and Waterhouse, the accomplished botanist, professor, writer, and introducer of vaccination into America, performing the first operation on his own children. They each attained to the age of over 90 years. Dr. Haliburton was a highly-educated and popular practitioner, but was strongly tainted with toryism. Soon after the British fleet left Newport, it was ascertained that he held a secret correspondence with its officers, and this made it advisable for him to remove to Halifax, where his descendants are of the first respectability. His grandson, Judge Haliburton, is the author of "Sam Slick," and other popular works. Dr. Isaac Senter, a native of New Hampshire, was a pupil of Dr. Moffatt, but was diametrically opposed to him in politics. After the battle of Bunker Hill, he marched to Boston as a volunteer, and was appointed a surgeon in the army. He accompanied Gen. Arnold to Quebec, and endured incredible hardships. He maintained a high rank as a physician and surgeon, until his death, which occurred in 1799, at the age of 46. Contemporary with him was Dr. Jonathan Easton, whose tall and dignified figure, in a Quaker garb, is remembered half a century ago in Newport. Dr. Benjamin Mason, father of the late Mrs. Com. Perry, studied medicine in Europe, and was highly respected in his profession.

At the beginning of the present century a new set of physicians mounted the stage of professional life, and practised many years. Among them were Drs. William Turner, David King, Edmund T. Waring, Benj. Case and Enoch Hazard, who were well known to many of the present day, and were highly esteemed wherever known. They were active, faithful, intelligent and successful. These, too, have passed away, and having served their day and generation faithfully, have gone to their reward. A new set of practitioners now fill their places. Far distant be the day when a future biographer shall be called upon to notice their obituaries, and portray their merits!

MAMMOTH TUMOR.—In the second number of the *Cleveland Medical Gazette*, we find a description, by Dr. JOHN DELAMATER, Professor of Midwifery and Diseases of Women and Children in Cleveland Medical College, of the most enormous tumor, we suppose, on record—its weight having been about twice that of the sufferer who bore it. A daguerreotype likeness of the patient, taken several years ago, during her life-time, is in the cabinet of the Boston Society for Medical Improvement, and the rude wood cut, representing the tumor, at the head of the article in the *Gazette*, is probably copied from it.

The patient, a married woman, between thirty and forty years of age, residing at Pennfield, Lorain Co., Ohio, received an injury in the right iliac region, by the kick of a cow, when she was in the sixth month of pregnancy, in 1838, to which she always referred as the cause of all her troubles. She carried her child to the full period, and was confined without accident. In 1840, she was confined a second time, but six weeks previously, having strained herself by lifting a heavy kettle, a small tumor protruded from the vagina. After an abortion in 1841, she again became pregnant, and was delivered, at full term, of a dead child. The tumor had now become enlarged, and offered an obstruction to the labor. It afterwards became gan-

grenous, and finally sloughed away entirely. Soon after, a soft, immovable tumor was discovered a little to the right of the linea alba, and filling almost the entire right side of the abdomen. Four years after this, another tumor made its appearance near the right labium, extending to the nates. These tumors grew rapidly, and both were repeatedly tapped; no fluid, however, having been obtained. At this time, when she was in a sitting posture, which she still sometimes attempted, the abdominal tumor rested upon her thighs to her knees; while the tumor of the hip was fifteen inches in length, ten inches in diameter at the largest point, and four inches in diameter at the point of its connection with the perineo-ischiatic region. Under such extraordinary circumstances, she again became pregnant, for the fifth and last time. Labor occurred in 1848; it was greatly embarrassed and retarded, and was finally terminated by artificial means, the fœtus, though mature and well developed, having perished in the process of the labor.

In 1850, the patient's weight was 269 lbs. Her greatest weight when in health, previous to her marriage, was 108 lbs.; and as her flesh was at this time greatly reduced, the weight of her person was estimated at 90 lbs., leaving 179 lbs. for that of the tumors. In June, 1851, the measurements of the tumors were as follows:—from sternum to apex of the tumor of the hip, three feet, nine inches; circumference around the abdomen, seven feet, eight inches; circumference in long diameter of the tumor of the hip, four feet; circumference of the neck of the tumor of the hip, two feet, two inches; length of the tumor of the hip, two feet, six inches; short diameter of the same, eighteen inches; length of the anterior convexity of the abdomen, from the ensiform cartilage to the pubes, three feet, six inches.

The patient died in January, 1854. A partial examination only could be made after death, but it was ascertained that the tumors were of a fatty nature, containing cysts communicating with each other and with the peritoneum. The smallest tumor was separated from the body, and was so bulky as to fill a common wash tub. The patient was attended by Drs. Philip Johnson Buckner, Charles H. Beach, D. I. Jones, and J. W. Smith. For the last four or five years of her life she was rigorously confined to her bed, being wholly unable to sustain, for a moment, the standing posture. During the greater part of the time, however, her appetite and digestion were good, and all her functions were well performed. Her circulation was normal, and even her respiration, in her unavoidable state of quietude, seemed free from suffering or embarrassment of any kind, and the expression of her countenance was animated and cheerful.

THE CLEVELAND MEDICAL GAZETTE is the title of a new journal issued under the editorial management of Dr. GUSTAV. C. E. WEBER, Professor of Surgery in the Cleveland Medical College. It is to be published monthly at *one dollar* per annum, "invariably in advance." The first two numbers contain some excellent articles, an abstract of one of which we give in our present issue. We cannot, however, see the propriety of the editorial puff in favor of the "stock of pianos in the store of Ossian E. Dodge," which is printed in the second number.

THE DENTAL COSMOS, A MONTHLY RECORD OF DENTAL SCIENCE.—The first number of this periodical, published in Philadelphia, has reached

us. It contains fifty-six well printed pages, which, it is promised, will contain "the freshest and most varied matter for the service of our readers that the practical progress of the profession, and the current reports of dentistry and medicine, can be made to afford." It is a continuation of the *Dental News Letter*, and is edited by Drs. J. D. White, J. H. McQuillen and Geo. J. Ziegler. The subscription price is \$2,50 a year.

NEW DISINFECTING AGENT.—A correspondent of the New York Express, in a recent letter from Paris, describes a new method of treating ulcers, abscesses, &c., in the Hospital de la Charité of that city. It is said to be the discovery of two former internes of the Hospital, Messrs. Crome and Demeaux, and its action is represented as arresting the progress of decomposition, and preventing the generation of insects, thus making the substance, in fact, a complete and instantaneous disinfectant of animal matter. The formula is thus given by the inventors:—

"Plaster of commerce, reduced to a fine powder, 100 parts; coal tar, one to three parts. The mixture of the two substances is effected with ease by the aid of a mortar, or by any other appropriate mechanical means. The application of this composition to the dressing of sores or wounds requires a particular preparation. A certain quantity of the powder, prepared according to the formula, is diluted with olive oil to the consistency of a paste or ointment. This species of paste or salve is of a dark-brown color, has a slightly bituminous odor, and may be kept in a closed jar for an indefinite period. The oil unites the powder without dissolving it, and the composition has the property of absorbing infectious liquids the instant it is applied to the sore which produces them. The application may be mediate or immediate. In the latter case, that is to say, placing the composition directly in contact with the sore, no pain whatever is produced; on the contrary, the salve has a detergent action, cleanses the sore, and favors circulation."

HEALTH OF THE CITY.—The mortality for the past week, though large, was considerably less than for the corresponding week of last year. There was an excess of 13 in the deaths of males over those of females, and 61 deaths were those of children under 5 years of age. We notice 31 deaths from cholera infantum, 3 from dysentery, 8 from consumption, 3 from pneumonia, 4 from scarlatina, and two from smallpox (both males, aged 20 and 25 years). The total number of deaths for the corresponding week of 1858, was 128, of which 38 were from cholera infantum, 7 from dysentery, 15 from consumption, 1 from pneumonia, 1 from scarlet fever, and 0 from smallpox.

CORRECTION.—In the last number, page 105, line 9, for "submaxillary" read *submammary*.

COMMUNICATIONS.—Case of fracture of the fifth cervical vertebra. Case of death after the bite of a turtle. *Books and Pamphlets Received.*—Alcohol, its Place and Power. By James Miller.—The use and abuse of Tobacco. By John Lizaro. (From Lindsay & Blackiston.)—Addresses delivered on the occasion of the Dedication of the Hartford Hospital.

MARRIED.—In this city, Aug. 30th, by Rev. S. Streeter, Dr. A. C. Stiles, of Bridgeport, Conn., to Mrs. Georgie Norman, of New York.

Deaths in Boston for the week ending Saturday noon, Sept. 31, 103. Males, 53—Females, 45.—Accident, 1—Inflammation of the bowels, 2—cancer (in the side), 1—consumption, 8—cholera infantum, 31—cholera morbus, 1—group, 4—dysentery, 3—dropsy, 1—dropsy in the head, 4—drowned, 1—debility, 1—infantile diseases, 2—scarlet fever, 4—typhoid fever, 2—fistula, 1—gastritis, 1—disease of the heart, 2—hemorrhage (of the bowels), 1—intemperance, 2—Inflammation of the knee-joint, 1—Inflammation of the lungs, 3—marasmus, 3—measles, 1—palsy, 2—pleurisy, 1—premature birth, 1—scrofula, 1—smallpox, 2—suicide, 1—synovitis, 1—tabes mesenterica, 1—teething, 3—thrush, 1—tumor, 1—unknown, 5—whooping cough, 1—disease of the bowels, 1.

Under 5 years, 60—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 9—above 60 years, 12. Born in the United States, 76—Ireland, 25—other places, 2.